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Bib Data Sheet

CONFIRMATION NO. 5057

SERIAL NUMBER 10/015,831	FILING DATE 11/30/2001 RULE	CLASS 711	GROUP ART UNIT 2185	ATTORNEY DOCKET NO. NL000665
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APPLICANTS
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**** CONTINUING DATA *******
none

**** FOREIGN APPLICATIONS *******
EUROPEAN PATENT OFFICE (EPO) 00204265.3 11/30/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/16/2002

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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TITLE
Device and method for subfield coding

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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